



OFFICE of ENVIRONMENTAL HEALTH HAZARD ASSESSMENT

(OEHHA)

1001 I Street

Sacramento, California 95814

Attn: Susan Luong

Fax (916) 323-8803

California Public Records Act Request

Name of Individual and/or Company Requesting Records:		Date:
Address:		
City:	State:	Zip Code:
Telephone: ()	Fax: ()	Contact Person:
Please complete one copy of this form for each public records act request. Mail or fax the form(s) to the above address. You will be advised as to whether or not we have records subject to release within 10 calendar days of receipt of the request. There will be a \$0.25 per page charge, and you will be notified of the cost in advance of copies being made. There will be additional charges for copies of information in other forms (i.e. cassette tapes, VHS).		

REQUEST FOR RECORDS PERTAINING TO:

Name: Facility Name, Location, Project, Individual, etc.		
Address:		
City:	State:	Zip Code:

SPECIFY TYPES OF INFORMATION REQUESTED
